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CARDIOVASCULAR FLASHLIGHT

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Takayasu arteritis presenting with extensive bilateral aneurysms of the common carotid arteries

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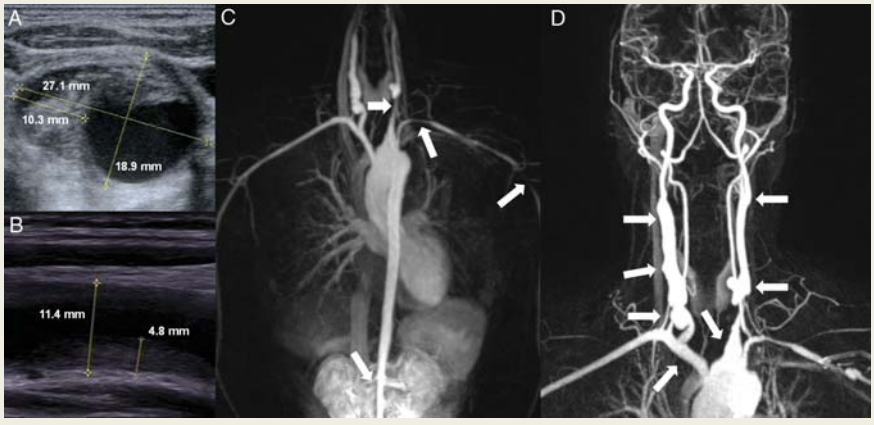
A 17-year-old female patient was referred to our institution for vascular evaluation. She had presented to the general practitioner with a sore throat and elevated inflammatory markers. Prior to hospital admission, additional symptoms appeared despite antibiotic treatment: night sweat, cervical pain, and upper extremity claudication.



During clinical examination, a whirring bruit audible at auscultation led to subsequent ultrasound of the supraaortic arteries. *Figure A* shows a sonographic cross-sectional view of a partially thrombosed right common carotid artery (CCA) aneurysm with a maximum diameter of 27.1 mm. As the longitudinal view of the left CCA in *Figure B* reveals, the wall diameter measured 4.8 mm due to extensive intima-media thickening. By using magnetic resonance angiography (MRA), suspicion of large-vessel vasculitis was substantiated. Magnetic resonance angiography demonstrated a clinical picture pathognomonic for TA with inflammatory vessel wall changes resulting in stenoses (*Figure C*, arrows) and aneurysmatic dilations (*Figure D*, arrows) of the aorta and high-calibre arteries arising thereof.

The extent of these aneurysms is pronounced. Yet, extracranial carotid aneurysms are *per se* a rare finding with TA. Most frequently affected are the aorta, the subclavian artery, and the brachiocephalic trunk.

Therapeutic options may include medication, endovascular revascularization, and surgical measures. Within the present concept, high-dose corticosteroids are applied to de-escalate acute exacerbations, whereas infliximab and methotrexate serve as the maintenance treatment. Furthermore, antiplatelet therapy was established. Since TA has been stable, no interventional or surgical approaches have yet been conducted. Follow-up in this patient involves continuous laboratory assessment, quarterly ultrasound, and annual MRA.